

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD FOR SEPARATING ROSETTE  
PLANTS  
Attorney Docket Number:: 2004-1040  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: MICHEL PETER  
Middle Name::  
Family Name:: ODERWALD  
Name Suffix::  
City of Residence:: DELFT  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing MARKT 17B  
Address::  
City of Mailing Address:: DELFT  
State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-2611 GP

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: JUSTUS LAURENS  
Middle Name::  
Family Name:: HERDER  
Name Suffix::  
City of Residence:: ROTTERDAM  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing VINKENSTRAAT 52 A  
Address::  
City of Mailing Address:: ROTTERDAM

State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-3036 XS

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: ROLAND ANDRE PIETER  
Middle Name::  
Family Name:: HIGLER  
Name Suffix::  
City of Residence:: DELFT  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing JACOB VAN BEIERENLAAN 13  
Address::  
City of Mailing Address:: DELFT  
State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-2613 HV

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL03/00610	9/15/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1021463	9/16/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::